



Nevada Radiation Control Program

X-ray Machine Termination Request

Nevada State Health Division
4150 Technology Way #300
Carson City, NV 89706-2029
tel: (775) 687-7550
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Notification of Transfer or Disposal of Ionizing Radiation Machine ¹

REGISTRANT			NEVADA REG. NO.	
STREET ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS		
MACHINE INFORMATION				
MANUFACTURER		MODEL NUMBER	SERIAL NUMBER	
Transferred or sold to:				
NAME			DATE SOLD OR TRANSFERRED	
STREET ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS		
Put in storage. _____ DATE PUT IN STORAGE				
Disassembled — made inoperable. ²				
Removed from State of Nevada. _____ DATE REMOVED				
The undersigned, on behalf of the registrant, hereby requests that the registration be terminated for the above-referenced ionizing radiation machine.				
SIGNATURE	NAME	TITLE	DATE	

¹ Disclosure required by NAC 459.030.

² Include copy of completed invoice from service company that deactivated the machine.